Policy Approaches to Addressing Lack of Access to Specialty Care

Julie Armin PhD & Nancy Johnson PhD RN
Agenda

Rural disparities in specialty care

- Case: cancer care and survivorship outcomes
  - Workforce
  - Health insurance coverage
  - Social determinants of health

Policy approaches to addressing disparities

- Promoting workforce availability
  - Connectivity
  - Expanding the health care team

- Making health insurance coverage accessible
From Journal of the National Cancer Institute: Causes of rural–urban disparities in survival.
From Journal of the National Cancer Institute: Causes of rural–urban disparities in survival.
Rural Case: Willcox

- According to National Rural Health Association (2023), rural communities have 30/100,000 specialists versus urban communities 258/100,000

- Willcox has visiting specialists for cardiology, podiatry and OB/GYN—but no access to cancer care services

- Aging community with many chronic conditions, inability to travel to urban centers
## Workforce Shortages

### Informing Health Workforce Policy

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>In Arizona Per 100,000</th>
<th>In U.S. Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Physicians</strong></td>
<td>80</td>
<td>95</td>
</tr>
<tr>
<td><strong>Total Physicians</strong></td>
<td>252</td>
<td>287</td>
</tr>
<tr>
<td><strong>Physician Assistant</strong></td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td><strong>Registered Nurses</strong></td>
<td><strong>1,400</strong></td>
<td><strong>1,550</strong></td>
</tr>
<tr>
<td><strong>Physical Therapy</strong></td>
<td>59</td>
<td>67</td>
</tr>
<tr>
<td><strong>Nurse Practitioners</strong></td>
<td>48</td>
<td>52</td>
</tr>
<tr>
<td><strong>Direct Care Workers</strong></td>
<td><strong>103</strong></td>
<td><strong>107</strong></td>
</tr>
</tbody>
</table>

*Note per 10,000*
From Journal of the National Cancer Institute: Causes of rural–urban disparities in survival.

- Health insurance coverage
- Transportation issues
- Limited access to healthcare
- Inadequate surveillance
- Advanced stage at diagnosis
- Low socioeconomic status
- Low health literacy
- Health behaviors
- Comorbidities
  - Paucity of non-oncology specialists
- Disparities in survival
  - Lower quality of treatment
  - Advanced stage at diagnosis
  - Not enrolled on clinical trials
  - Access to medical oncology/radiation and surgical oncology
Lack of health insurance – Medicaid as solution for some

Medicaid coverage for adults 18-64 in US
- 18% in small towns and rural areas
- 15% of adults in metro counties

Medicaid Coverage for adults 18-64 in Arizona
- 29% in small towns and rural areas
- 17% in metro counties
Lack of health insurance – Who remains uninsured?

- People with “limited English proficiency” (Bosworth) make up a large portion of uninsured in some parts of the U.S.
- Disproportionality of Latinx & Black individuals (Bosworth)
- Half (50%) of likely undocumented immigrant adults (KFF)
- One in five (18%) lawfully present immigrant adults (KFF)


End of Pandemic-Era Federal Support

12% cut in people covered by AHCCCS

Rural Arizona faces health insurance crisis

Jan. 12, 2024
Peter Aleshire | White Mountain Independent
Policy Approaches to Addressing Disparities in Care: Workforce Availability
Policy Approaches to Addressing Workforce Availability

- Programs that promote specialty care in rural areas (Specialists in urban areas so busy, no need to go out to the rural)
- Telemedicine (connectivity is still an issue, more funds to improve broadband connection, insurance payments)
- Loan repayment programs
- Pipeline programs and recruiting those with “Rural DNA”
Programs/incentives to Recruit Health Care Providers

Of 247 programs/incentives:

- 218 (88%) focused on recruitment (versus retention)
- 125 (51%) focused on PCPs
- Types of programs/incentives
  - 70 (28%) loan repayment
  - 48 (19%) J-1 Visa waivers
  - 28 (11%) scholar programs (AHEC)
  - 101 (41%) education programs/scholarships (e.g. for medical students)

Policy Approaches to Addressing Disparities in Care: *Health Insurance Access*
Expanding health insurance coverage

- Increasing awareness
- Certified navigators-assisters
- Person-centered in-person and online enrollment options
Medicaid Expansion

Figure 5
State-Funded Coverage for Immigrant Children and Adults, July 2023
Click on the buttons below to see data for different groups of immigrants.
Children: Adults
- State-Funded Coverage
- State-Funded Coverage (Enrollment Closed)

SOURCE: KFF, “Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era, Continuous Enrollment Provision,” April 2022, with additional updates from National Immigration Law Center, “Medical Assistance Programs for Immigrants in Various States,” July 2023. • PNG
Los Angeles Times

CALIFORNIA

Medi-Cal will soon be open to all, ‘papers or no papers.’ She wants her neighbors to know

BY EMILY ALPERT REYES, MELISSA GOMEZ, PRISCILLA VEGA
DEC. 24, 2023 3 AM PT
Half of WA’s undocumented immigrants are uninsured. For the first time, the state marketplace is open to them

Eilis O’Neill
November 09, 2023 / 9:04 am
Q & A and your thoughts!

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How can we identify policy-focused solutions that are right for Arizona?